family contained four alkaptonurics, three others three, and the remaining three two each.

Garrod's investigation appears to throw important light on the etiology of the condition. In 1901 he pointed out that of four British families in which were 11 congenitally alkaptonuric members no less than three were the offspring of marriages of first cousins who did not themselves exhibit this anomaly. He has carried the inquiry further, and has been able to secure information on this point in 19 of the 40 published cases. He found that 12 of these 19 cases, or more than 60 per cent., were the offspring of marriages of first cousins who did not themselves exhibit this anomaly. This is regarded as being very significant from the standpoint of etiology, and the suggestion is made that this high frequency may be explained by Mendel's law of heredity.

There is only one known instance in which the anomaly has been transmitted by an alkaptonuric father to his son. This case was observed by Osler, the individual being the son of one of the reported American cases. At the present time the condition of the urine of only five children of two alkaptonuric fathers is known. Only one of these children is himself alkaptonuric. That this proportion will be increased on further investigation does not appear probable to Garrod.

According to the writer, the view that alkaptonuria is a chemical " sport," or an alternative mode of metabolism is supported by the study of the incidence of albinism and of cystinuria. In the former males are also more frequently affected, and the offspring of first cousins are particularly liable to the anomaly. In the latter, again, the majority of the cases have been in males, but as yet the evidence of any influence of consanguinity of parents is not abundant. In both, the condition is more likely to occur in the children of parents who do not themselves exhibit the anomaly, thus clearly simulating alkaptonuria. Garrod thinks that it is quite probable that there are other examples of chemical " sports " that have not yet been discovered.

Diabetes Insipidus, with a Report of Five Cases.—FUTCHER (*The Johns Hopkins Hospital Reports*, vol. x. p. 197) reviews at some length the work that has been done on experimental polyuria in animals. In 1849 Bernard showed that there was a point in the floor of the fourth ventricle, just posterior to the Bernard diabetic centre, injury of which caused a simple polyuria. Investigation has shown that injury of other parts of the central nervous system will also give rise to a polyuria.

Clinically there are two classes of cases. First, the primary or idiopathic cases—those in which there is no evident organic basis for the disease. Second, the secondary or symptomatic cases—those attributable to definite organic changes, either of the nervous system or viscera. In some instances it is difficult to decide into which group certain border-line cases should be placed. Some observers classify those cases in which thirst is the first symptom as an independent disease under the name of primary polydipsia. As yet there does not seem to be sufficient evidence to warrant this.

Heredity is an important etiological factor. This is best illustrated by Weil's record of 23 cases among 91 members in four generations of one family. Tuberculosis, syphilis, gout, and general malnutrition were regarded by Ralfe as important predisposing etiological factors. Tumors involving the medulla and the floor of the fourth ventricle, cerebral hemorrhages, and basilar meningitis are the commonest organic lesions causing the disease. Cerebral syphilis is apparently the etiological factor in a larger number of cases than is generally supposed, the lesion most frequently being a syphilitic basilar meningitis. In one of the five cases here reported syphilis was undoubtedly the cause. The lesion was most probably a basilar meningitis, owing to the history of transitory recurring hæmianopsia which Oppenheim regards as pathognomonic of this lesion. Two other cases were probably also due to a syphilitic infection. A fourth had marked cerebral symptoms, but there was no definite history of lues. The fifth case belonged to the idiopathic group.

From comparative statistics the disease appears less common in this country than in Europe. Only 4 cases, or 0.001 per cent. occurred out of a total of 356,637 patients treated in the Johns Hopkins Hospital and Dispensary. The 5 cases the writer reports were all in males, the ages being 25, 32, 35, 36, and 44 years. The longest duration of the disease in any of the cases was ten years. In all the cases thirst was the first symptom complained of. Four of the five cases had distinctly exaggerated knee-jerks.

The nature of the disease is still uncertain. The only thing that can positively be stated is that it is due to some nervous influence causing a vasomotor disturbance of the renal vessels, leading to persistent congestion of the kidneys. The only constant finding at autopsy is enlargement and congestion of the kidneys. The prognosis is much less favorable in the secondary or symptomatic cases. Treatment is, on the whole, unsatisfactory. In the syphilitic cases anti-luetic treatment should be tried, and sometimes marked improvement in the general health and increase in weight ensues, as was the case in one of the five patients.

Scarlatiniform Erythema in Tuberculosis.—CLAUDE (*Revue de la Tuberculose*, No. 3, September, 1902, p. 261) records an interesting case in which a virulent tuberculous infection was ushered in by a diffuse scarlatiniform erythema of the skin. The patient was a young woman who came under observation on July 28. After having suffered from general malaise, loss of appetite, and muscular pains for a period of seven or eight days, the patient developed an erythematous rash two days before she entered the hospital. It appeared first on the fore-arms, chest, and thighs, and was then patchy. The day after its appearance the patient had a high fever. After admission to the hospital the erythema became general and was of a scarlatiniform type. In five days desquamation began and the rash and desquamation lasted altogether about fifteen days. There was no soreness of the throat, nor any features of the tongue suggesting scarlet fever. The temperature gradually fell to normal by August 11, then it again steadily rose to 40.8° C. before death.

Inquiry showed a family history of tuberculosis. On the day of admission the examination of the lungs was negative. With the disappearance of the rash and the subsidence of the temperature there was not a correspondent improvement in the patient's condition. She gradually emaciated and profuse sweats appeared. Examination of the lungs on August 6 was